

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 12, 1991

ALL COUNTY LETTER NO. 91-93

TO: ALL COUNTY WELFARE DIRECTORS
ALL DISTRICT ATTORNEYS
ALL TITLE IV-D AGENCIES

SUBJECT: Revised CA 371 (7/91), Referral to District Attorney

REFERENCE: All County Letter 90-112, November 1990
FSD Letter 90-21, November 1990

The purpose of this letter is to transmit a copy of the revised CA 371 (7/91), Referral to District Attorney. The revision is based, in part, upon an agreement with the Child Support Program Branch, the Family Support Council's IV-A/IV-D Interface Committee and the County Welfare Directors Association's Technical Review Team to include several Federally required data elements on the CA 371 for the Family Assistance Management Information System (FAMIS) and the Child Support Enforcement Systems Interface (CSE). This agreement was reached at the time the CA 2.1 (Q) (2/91), Child Support Questionnaire was undergoing revision. The implementation date for the CA 371 (7/91) is November 1, 1991. Counties may use the form optionally prior to that date.

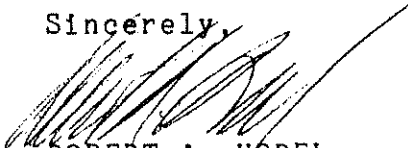
The required data elements for FAMIS and CSE are now located on either the CA 2.1 (Q) or the CA 371. The inclusion of the elements meets the intent of Action Transmittal FSA-AT-89-17 which states that the FAMIS and CSE systems must have the capacity to routinely exchange required information. Attachment I of this letter outlines the mandated elements and lists the form containing the information.

Counties that have modified the CA 371 to meet EDP systems interface needs between IV-A and IV-D agencies should ensure that the listed elements in Attachment I are included in the county computer program system. Non-automated counties should ensure that the data elements listed in Attachment I are included on an existing form within the county.

In addition to the data elements discussed, other county suggested items have been included on the form such as: absent parent's name, County Welfare District Office, etc. Other items such as expanded information on Intercounty/Interstate transfers and Transitional Child Care are also included. Attachment 2 contains a more detailed discussion of the changes made to the CA 371.

If there are any questions regarding this letter, please call LeAnne Torres at (916) 324-2016 or ATSS 454-2016. For any questions relating to AFDC child support policy issues, call Dennis Ragasa at (916) 324-2658 or ATSS 454-2658.

Sincerely,



ROBERT A. HOREL
Deputy Director

IV-A/IV-D REFERRAL DATA ELEMENTS

DATA ELEMENTS

FORM

Applicant/Recipient:

Name	CA 2.1 (Q)
Address	CA 2.1 (Q)
AFDC Case Identification Number	CA 2.1 (Q) & CA 371
Case Status (Open, closed)	CA 371
AFDC Grant Amount & Approval Date	CA 371
Good Cause/Noncooperation	CA 371
Assignment of Rights	CA 371

Absent Parent:

Name	CA 2.1 (Q)
Social Security Number	CA 2.1 (Q)
Date of Birth	CA 2.1 (Q)
Last Known Address	CA 2.1 (Q)
Living with Recipient: YES/NO	CA 2.1 (Q)
Last Known Employer, Name & Address	CA 2.1 (Q)

Child of the Absent Parent

Name	CA 2.1 (Q) & CA 371
Date of Birth	CA 2.1 (Q) & CA 371
Paternity Established: YES/NO	CA 371
Social Security Number	CA 2.1 (Q)
Child no Longer Resides with Recipient	CA 371
Health/Medical Insurance with AP: YES/NO	CA 2.1 (Q)
Name of Carrier	CA 2.1 (Q)
Policy Number	CA 2.1 (Q)

Support Obligation

Date Support Amount Estab./Modified	CA 2.1 (Q)
Court Order Number	CA 2.1 (Q)
Amount of Support Ordered/Modified	CA 2.1 (Q)
Payment Frequency (Monthly, Weekly)	CA 2.1 (Q)
Payments Made	CA 2.1 (Q)
through Court/IV-D Agency	
Directly to Recipient:	
Monies retained by recipient	
Monies turned over to Court/IV-D	
Date of Last Payment/Collection	CA 2.1 (Q)
Amount of Last Payment/Collection	CA 2.1 (Q)
Excess Amount Distributed to Recipient	-----
Date Excess Distributed to Recipient	-----

FORMS DISCUSSION
CA 371 (7/91), Referral to District Attorney

The CA 371 (7/91) revision is based upon several concerns, the foremost being an agreement to include Federally mandated data elements required for the Family Assistance Management Information System (FAMIS) and the Child Support Enforcement Systems Interface (CSE) which were excluded from the last revision of the CA 2.1Q, Child Support Questionnaire by concurrence of the Child Support Program Improvement Bureau, the Family Support Council's IV-A/IV-D Interface Committee and the County Welfare Directors' Association Technical Review Team. Specifically, those items are:

- o Case status (open, closed)
- o AFDC Grant Amount and Approval Date
- o Paternity Established: YES/NO
- o Child no longer resides with recipient

The form has been changed to a double column format for ease in completing informational items on the right hand side. The double column format allows a reviewer to easily scan the form for pertinent information.

Changes included on the form which were requested by counties are:

- o Absent parent's name (NOTE: One CA 371 is completed for each Absent or Unmarried Parent)
- o County Welfare Department District Office
- o Applicant States Aid Received Previously
- o Child's name

Additional or expanded items are:

- o Type of Application
- o Intercounty/Interstate Transfer
- o Ongoing Cash Aid Amount
- o Transitional Child Care (Date TCC begins, Date TCC ends and a narrative line item - "Child added to TCC, was not on AFDC.")
- o Check boxes for "Other" following each narrative section on the left hand side of the form.

STOCK

Stock of the CA 371 (7/91) is expected in the DSS Warehouse by October 1991. Stock may be ordered according to normal procedures. Counties that print stock locally and need camera-ready copies may request them from the Forms Management Bureau at (916) 322-8738 or ATSS 492-8738.

If there are any questions relative to the CA 371, please call LeAnne Torres of the Welfare Policy Implementation Bureau at (916) 324-2016 or ATSS 454-2016.

REFERRAL TO DISTRICT ATTORNEY*(Complete one form for each Absent or Unmarried Parent)*

DATE OF REFERRAL

☐ TO ☐ FROM: DISTRICT ATTORNEY

CASE NAME

AID TYPE/CASE NUMBER

(SPECIFY COUNTY)

☐ TO ☐ FROM: EW NAME EW NUMBER CWD DISTRICT OFFICE

APPLICANT/RECIPIENT NAME (LAST, FIRST, MIDDLE)

RELATIONSHIP TO CHILD(REN)

This case is referred to you because:

- ☐ Action is necessary to obtain financial/medical support.
- ☐ Action is necessary to establish paternity.
- ☐ Recipient is receiving direct support payments. Action needed to transfer payments to county.
- ☐ Good Cause has been claimed. Suspend all activities.
- ☐ Good Cause has been ☐ granted ☐ denied (see CA 51 attached).
- ☐ Other (see comments)

The following information applies to this case:

- ☐ CA 2.1(Q) Questionnaire is attached.
- ☐ Absent parent has health insurance coverage. A copy of the DHS 6155 is attached.
- ☐ Medi-Cal eligibility has not been determined.
- ☐ This is a relinquishment for adoption case.
- ☐ Previously sanctioned: now agrees to cooperate.
- ☐ Child no longer resides with recipient.
- ☐ Child added to TCC, was not on AFDC.
- ☐ Other (see comments)

Applicant/recipient has not agreed to:

- ☐ Assign accrued financial support/medical support rights.
- ☐ Cooperate in establishing paternity or obtaining financial/medical support.
- ☐ Cooperate in establishing Good Cause.
- ☐ Forward support payments.

Information from District Attorney to CWD:

- ☐ Applicant/recipient has cooperated in accordance with Federal law.
- ☐ Applicant/recipient has not cooperated in accordance with Federal Law:
- ☐ Refuses to appear and/or provide verbal, written or documentary information.
- ☐ Refuses to appear as a witness at court or other hearing.
- ☐ Refuses to transmit child support payment(s) received directly from the absent parent.
- ☐ Applicant/recipient has claimed Good Cause for refusal to cooperate and has been provided with a Good Cause claim form.
- ☐ Medi-Cal Only support case was closed based upon beneficiary's request.
- ☐ This is a notice of renewed cooperation.
- ☐ Paternity ☐ has ☐ has not been established.
- ☐ Other (see comments)

TYPE OF APPLICATION☐ NEW ☐ REAPPLICATION ☐ ADD A CHILD ☐ ICT ☐ RENEWAL

ABSENT PARENT'S NAME

DA FILE NUMBER

CHILD'S NAME

DATE OF BIRTH

CHILD'S NAME

DATE OF BIRTH

CHILD'S NAME

DATE OF BIRTH

CHILD'S NAME

DATE OF BIRTH

☐ **APPLICANT STATES AID RECEIVED PREVIOUSLY.**SPECIFY TYPE: ☐ CASH AID ☐ MEDI-CAL ONLY ☐ TCC ☐ TMC

PLACE (CITY, COUNTY, STATE)

DATE LAST RECEIVED

☐ **INTER-COUNTY TRANSFER/INTERSTATE TRANSFER**

FROM (COUNTY/STATE)

PRIOR COUNTY'S DA FILE NUMBER
(IF KNOWN)☐ **CASH AID**

APPROVAL DATE

ONGOING CASH AID AMOUNT

\$

DISCONTINUANCE DATE

REASON FOR DISCONTINUANCE/CODE

☐ **MEDI-CAL ONLY**

DATE MEDI-CAL BEGINS/CONTINUES

DATE DISCONTINUED

REASON FOR DISCONTINUANCE

☐ **TRANSITIONAL CHILD CARE**

DATE TCC BEGINS

DATE TCC ENDS

Comments:

SIGNATURE OF DA REPRESENTATIVE

TITLE

E.W. SIGNATURE

E.W. NUMBER

PHONE

DISTRICT OFFICE